

Case Number:	CM14-0016873		
Date Assigned:	04/11/2014	Date of Injury:	04/13/2008
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 59-year-old female who sustained a left upper extremity injury on April 13, 2008. Formal documentation of imaging is not noted. A clinical progress report dated January 7, 2014, documents continued left shoulder, arm and thumb complaints. Specific to her thumb, there was moderate tenderness of the CMC joint with palpation and a positive grind test with diminished range of motion. Grip strength also was affected. Previous treatment has included corticosteroid injections, medications, occupational therapy, immobilization and work restrictions. Because of failed conservative care to date, CMC arthroplasty is recommended for the claimant for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LEFT THUMB CMC ARTHROPLASTY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand Wrist And Forearm Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Wrist and Forearm Chapter.

Decision rationale: Based on the California ACOEM Guidelines and supported by Official Disability Guidelines (ODG), the proposed CMC fusion is not medically necessary. Although CMC arthroplasty can be recommended for posttraumatic arthritis after six months of failed conservative care, documentation in this case fails to demonstrate endstage posttraumatic arthrosis without providing formal imaging to review. Lack of clinical imaging to confirm or refute the above diagnosis, therefore, fails to justify the acute need for surgical intervention in this case. The request is not medically necessary or appropriate.